

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390174	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/19/2023
NAME OF PROVIDER OR SUPPLIER: THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE: 111 SOUTH 11TH STREET PHILADELPHIA, PA 19107			
STATE LICENSE NUMBER: 200801					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	<p>INITIAL COMMENT</p> <p>This report is for new equipment, Urine Testing Analyzer System (AX-4030), at Methodist Hospital Campus, 2301 S. Broad Street, Philadelphia, Pa. beginning on August 1, 2023, and a Contrast Delivery System (ACIST-CVI), located at the Main Hospital Campus, Gibbon Building-Suite 5340, 111 S. 11th Street, Philadelphia Pa., beginning on July 31, 2023. Thomas Jefferson University Hospitals Inc., attested they were in full compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.</p>	P 0000			

(X6) DATE:



Certified End Page

THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC.

STATE LICENSE NUMBER: 200801

SURVEY EXIT DATE: 07/19/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script, reading "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in cursive script, reading "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY